

STATE INTERAGENCY COORDINATING COUNCIL NOMINATION FORM

Missouri Department of Elementary and Secondary Education
P. O. Box 480, Jefferson City, Missouri 65102-0480
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573-751-5739 and 573-526-4404 (fax)

Name of person making the nomination		Phone number of person making the nomination	
Nominee	Mailing address of nominee		Email address
Daytime phone number	Evening phone number		Fax number
<p>What “membership category” of the State Interagency Coordinating Council does this nominee appear to fill? (complete all that apply)</p> <p>___ Parent of infant or toddler with disabilities or child with disability(ies) aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.</p> <p>___ Public or private provider of early intervention services (birth to three).</p> <p>___ Member of the State legislature.</p> <p>___ Representative from</p> <p>___ Parents As Teachers</p> <p>___ Parents Act (MPACT)</p> <p>___ Other entity or agency that interacts with infants/toddlers</p> <p> Name of entity or agency _____</p> <p>___ First Steps Local Interagency Coordinating Council (LICC)</p> <p> Name and Location of Council _____</p>			
Has this person expressed interest in being nominated? Yes/No		Is the nominee able to attend daytime meetings every other month (6 times per year) in various areas of Missouri? Yes/No	
<p>What qualifications does this nominee possess to provide representation on the Missouri State Interagency Coordinating Council? Please respond considering the membership category for which the nominee may qualify to fill.</p> 			
What accommodation(s) does the nominee require, if any, to effectively participate as an SICC member?		What other national, state, or regional task forces, advisory panels, boards, or other such organizations is the nominee currently a member?	
Optional Information			
Race	Ethnicity	Other diversity or uniqueness the nominee would bring to the Council	